

Verification of Applicant CASH Matching Funds

When preparing documentation for verification of matching funds, applicants must follow RD Instructions 4284.3 and 4284.510 (c)(6), along with instructions provided in sections III (B) and IV (C)(12) of the Notice of Funding Availability (NOFA). As an option, the applicant may complete and print this form on the organization's letterhead, and sign where indicated.

For purposes of carrying out the Work Plan and Budget Activities identified in this FY2009 Rural Cooperative Development Grant (RCDG) application, I verify the following information:

Legal Name of Applicant: _____

Title of Applicant's RCDG Project: _____

Beginning and End Dates for Proposed Grant Period: _____
 (Maximum Budget and Project Period Length is 365 days, with start date range 10/1/2009 – 1/1/2010. The grant period dates on this form must be consistent with the RCDG application.)

Total Project Cost: \$ _____ Total *Applicant Cash* Match: \$ _____

As applicable, identify all source(s), amounts, and uses of Applicant Cash Matching Funds that your organization currently has available and committed to eligible RCDG project expenditures during the grant period.

Applicant Organization Source of Cash Funds	Name of Holding Institution	Cash Match Amount	Indicate Use of Funds for Project Budget Activities
Checking or Savings		\$	
Certificate of Deposit		\$	
Money Market		\$	
Mutual Funds		\$	
Other		\$	
Total Cash		\$	

____ Yes, a copy of a financial statement(s) confirming available funds and dated within 30 days of the application submission is attached.

Program Income from Executed Contract(s) in Place at Time of Application and Relating to Project Purposes. Repeat as Applicable. Program income earned during the time period of the grant is subject to the requirements of 7 CFR part 3015/Subpart F, 7 CFR part 3019.24, and related provisions in the grant agreement.	
Name of Contracted Party	
Amount of the Contract	\$
Duties of the Contracted Party and Purpose of the Contract for Grant Related Program Income	
Contract Performance Period	
Use of Funds	
Total Cash from Eligible Program Income	\$

Has your Board of Directors formally Resolved / Confirmed the Cash Match Amounts and Purpose at Time of Application?
 ____ Yes ____ No _____ Date of BOD Resolution ____ N/A

Print Name of Authorized Representative: _____

Title of Authorized Representative: _____

Signature of Applicant's Authorized Representative: _____ Date: _____